24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black Conservatives Fund	C C00560599
	O statute
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Active Engagement	08 19 2014
Mailing Address 44084 Riverside Pkwy	Amount
City State Zip Code	1000.00
Lansdowne VA 20176	Transaction ID : SE.7192 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising Category/ Type 004	08 / 19 / 2014
Name of Federal Candidate Support Offic	ce Sought: House District: 04
MIA LOVE Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Dist	bursement For: Primary X General 4 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	Allount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	bursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	
with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	ner, or (if the reporting entity is not a political
Patrick Krason [Electronically Filed] Date	08 19 2014
Signature	